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PTO/SB/05 (05-03)

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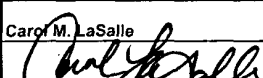
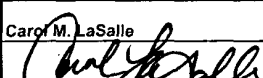
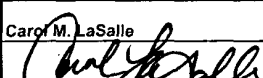
UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. CNVG-007CON2	
		First Inventor WHAYNE, JAMES G.	
		Title DISTAL ANASTOMOSIS SYSTEM	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No. EV 334 000 405 US	
APPLICATION ELEMENTS		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
SEE MPEP chapter 600 concerning utility patent application contents.			
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages: 40] <i>(preferred arrangement set forth below)</i></p> <ul style="list-style-type: none">-Descriptive title of the invention-Cross Reference to Related Applications-Statement Regarding Fed sponsored R & D-Reference to sequence listing, a table, or a computer program listing appendix-Background of the Invention-Brief Summary of the Invention-Brief Description of the Drawings (if filed)-Detailed Description-Claim(s)-Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Pages: 21]</p> <p>5. Oath or Declaration [Total Pages: 2]</p> <p>a. <input type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i></p> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>	
ACCOMPANYING APPLICATION PARTS			
<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i></p> <p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p> <p>12. <input checked="" type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Citations Statement (IDS)/PTO-1449</p> <p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></p> <p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input type="checkbox"/> Other: _____</p>			
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 10/251,094 filed 9/20/2002</p> <p>Prior application information: Examiner: ROBERTS, PAUL A. Group Art Unit: 4352</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		 (Insert Customer No. or check bar code label here)	
Name BOZICEVIC, FIELD & FRANCIS LLP		or <input type="checkbox"/> Correspondence address below	
Address 200 Middlefield Road, Suite 200			
City Menlo Park	State California	Zip Code 94025	
Country United States of America	Telephone (650) 327-3400	Fax (650) 327-3231	
Name Carol M. LaSalle	Registration No. (Attorney/Agent) 39,740		
Signature 	Date July 2, 2003		

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="font-size: small; margin-top: 10px;">Effective 01/01/2003. Patent fees are subject to annual revision.</p>				Complete if Known																																																																																																																																																							
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<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 50-0815 Deposit Account Name Bozicevic, Field & Francis LLP The Commissioner authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fees indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES																																																																																																																																																							
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<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <tr> <td style="width: 30%;">Name (Print/Type)</td> <td style="width: 30%;">Carol M. LaSalle</td> <td style="width: 20%;">Registration No. (Attorney/Agent)</td> <td style="width: 20%;">39,740</td> <td style="width: 20%;">Telephone</td> <td style="width: 20%;">(650) 327-3400</td> </tr> <tr> <td>Signature</td> <td></td> <td>Date</td> <td colspan="3">07/02/2003</td> </tr> </table>		Name (Print/Type)	Carol M. LaSalle	Registration No. (Attorney/Agent)	39,740	Telephone	(650) 327-3400	Signature		Date	07/02/2003																																																																																																																																																
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